

# Gunther Village Admission Application



<b>APPLICANTS NAME</b>	
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<b>DATE COMPLETED</b>		<b>PERMANENT OR RESPITE CARE</b> (Please circle)
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- ❖ As pages of this application may be detached for photocopying, please write the Applicants Name at the top of each page.
- ❖ The information you provide in this form is information that a Residential Care Service would normally require to assess and meet your needs and to meet Government requirements for calculating amounts that you would pay. It also could affect subsidies the Government would pay.
- ❖ Please consult Gunther Village directly for information about how your privacy is protected.
- ❖ Please use a Black Biro, BLOCK LETTERS and, where indicated, tick the box or write a comment.

Have you been assessed by an Aged Care Assessment Team? **Yes / No** Referral Code: \_\_\_\_\_

**Please circle one of the following:**

Urgent: \_\_\_\_ Non urgent: \_\_\_\_

Diagnosis of Dementia \_\_\_\_\_

Note: Supporting documentation from the Medical Officer will be required for admission to our Memory Support Unit, for clarification please contact Gunther Village on (07) 4161 3699.

**PREVIOUS** Aged Care Residential Accommodation Details:

Have you ever entered a Residential Aged Care Facility as a Permanent Resident in the past? **Yes / No**

If **Yes**, please provide the following details:

Did you agree to pay a Refundable Accommodation Deposit (RAD) Yes / No

Did you agree to pay a Daily Accommodation Payment (DAP) Yes / No

Did you agree to pay a combination of the two RAD ½ & DAP ½ Yes / No

Date of Admission to first facility: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_ Contact person: \_\_\_\_\_

**APPLICANTS DETAILS** (Person requiring residential care)

Surname:		Given Names:	
Preferred Name:		Title:	Gender:
How do you prefer to be addressed: (E.g. Mr or Mrs or first name basis)			
Current Location:			
Home Address:			Postcode:
Home phone:		Mobile phone:	
Date of Birth:		Country of birth:	
Marital status: (Please circle)    Married    De Facto    Single    Widowed    Divorced    Separated			

**ADDITIONAL INFORMATION** (Person requiring residential care)

Religion / organisational affiliations (optional): \_\_\_\_\_

Do you have any specific cultural requirements? **Yes / No** If **yes**, please attach details: \_\_\_\_\_

Primary Language:		Secondary Language:	
Do you intend to remain on the electoral role? <b>Yes / No</b>		Are you of Aboriginal or Torres Strait Islander descent? <b>Yes / No</b>	
Do you hold an Australian Pensioner Concession Card? <b>Yes / No</b>			
If <b>yes</b> , indicate type of pension: (Please circle)    Age    Disability    Widow    Blind    Overseas    DVA    Other:			
What is your pension number:		Expiry Date:	
Full pension:	Part pension:	Self-Funded:	

Are you an Australian Ex-Prisoner of War? **Yes / No**

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<b>HEALTH INSURANCE AND MEDICAL DETAILS</b>
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Do you have Private Health Insurance? (E.g. MBF, Medibank Private, Bupa) <b>Yes / No</b>		
Name of Fund:	Level of Cover:	
Membership Number:	Ambulance Cover: <b>Yes / No</b>	
What is your Medicare Number:	ID:	Expiry Date:
Name as it Appears on Medicare Card:		
Transport Access Scheme: <b>Yes / No</b>	Number:	
Diabetic Association Number:	Nominated Hospital:	
<b>Have you completed an Advanced Health Directive? Yes / No (if yes, please attach)</b>		
Who is your current General Practitioner? Name:		
Address:		Postcode:
Phone number:	Fax number:	
<i>NB: Full medical details will be required on admission</i>		

<b>FUNERAL ARRANGEMENTS FOR APPLICANT</b>
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Have funeral arrangements been made? <b>Yes / No</b> (Please provide the name and address of the Funeral Director to be notified)		
Name:		
Address:		Postcode:
Telephone:	Telephone (A/Hours):	Mobile:
Please indicate your wishes:      Cremation: <b>Yes / No</b> Burial: <b>Yes / No</b>		
Any other arrangements:		

<b>CORRESPONDANCE RELATING TO THIS APPLICATION SHOULD BE SENT TO:</b>
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Surname:	Given Names:	
Address:		Postcode:
Telephone:	Telephone (A/Hours)	Mobile:
Email Address (if applicable):		

<b>FAMILY AND OTHER CONTACTS – Whom do you wish to name as contact(s) for you?</b>
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<b>NEXT OF KIN</b>		
Surname:	Given Name:	
Address:		Postcode:
Telephone:	Telephone (A/Hours):	Mobile:
Relationship to applicant:		
Email Address (if applicable):		
<b>PRIMARY CONTACT</b> (Please circle if Next of Kin is Primary Contact: <b>AS ABOVE</b> )		
Surname:	Given Name:	
Address:		Postcode:
Telephone:	Telephone (A/Hours):	Mobile:
Relationship to applicant:		
Email Address (if applicable):		
<b>SECONDARY CONTACT</b> (if none of the above numbers answer)		
Surname:	Given Name:	
Address:		Postcode:
Telephone:	Telephone (A/Hours):	Mobile:
Relationship to applicant:		
Email Address (if applicable):		

<b>APPLICANTS NAME</b>	
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<b>FAMILY AND OTHER CONTACTS CONTINUED:</b>
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<b>THIRD CONTACT</b> (if none of the above numbers answer)			
Surname:	Given Name:		
Address:		Postcode:	
Telephone:	Telephone (A/Hours):	Mobile:	
Relationship to applicant:			
Email Address (if applicable):			

<b>LEGAL AND FINANCIAL MANAGEMENT DETAILS</b>
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Have any of the following people been appointed on your behalf?

**Guardian:** Yes / No      **Certified Copies are required with application**

**Administrator:** Yes / No      **Certified Copies are required with application**

**Enduring Power of Attorney (Financial):** Yes / No      **Certified Copies are required with application**

**Enduring Power of Attorney (Personal & Health):** Yes / No      **Certified Copies are required with application**

If **yes** to any of the above, please provide the names and addresses of persons/organisations appointed

**FIRST**

Surname:	Given Name:		
Address:		Postcode:	
Telephone:	Telephone (A/Hours):	Mobile:	
Relationship to applicant:			
Other Relevant Details:			

**SECOND**

Surname:	Given Name:		
Address:		Postcode:	
Telephone:	Telephone (A/Hours):	Mobile:	
Relationship to applicant:			
Other Relevant Details:			

**Have you made a will? Yes / No**

Please provide the name and address of person/organisation holding the will

Name:			
Address:		Postcode:	
Telephone:	Telephone (A/Hours):	Mobile:	

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

<b>Office use only</b>
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Date Application Received:	Application received by:
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*Gunther Village is committed to providing excellent customer service, if you have any questions please contact our friendly staff during business hours. Phone: (07) 4161 3699 Fax: (07) 4161 3612*